

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. **10 728 769**  
APPLICANT(S)

FILED DATE **12-08-03**

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
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25						
26						
27						
28						
29						
30						
31						
32	1		1			
33		1		1		
34		1		1		
35		1		1		
36		1		1		
37		1		1		
38		1		1		
39		1		1		
40		1		1		
41		1		1		
42		1		1		
43		1		1		
44		1		1		
45		1		1		
46		1		1		
47	1					
48		1		1		
49		1		1		
50		1		1		
TOTAL IND.	3					
TOTAL DEP.		30				
TOTAL CLAIMS	33					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51		1		1		
52		1		1		
53		1		1		
54		1		1		
55	1					
56		1				
57		1				
58		1				
59		1				
60		1				
61		1				
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.		23				
TOTAL CLAIMS		24				